Date: Jun.20<sup>ty</sup>,2022\_

Your Name: Zheyi Zhou

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:\_Jun.20<sup>ty</sup>,2022

Your Name: Linglu Dun

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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7	Support for attending meetings and/or travel	XNone
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Jun.20<sup>ty</sup>,2022</u>

Your Name: <u>Hong Xu</u>

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun.20<sup>ty</sup>,2022\_

Your Name: <u>Peishan Yu</u>

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun.20<sup>ty</sup>,2022\_

Your Name: Cuilan Chen

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Jun.20<sup>ty</sup>,2022</u>\_

Your Name: <u>Tao Si</u>

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun.20ty,2022\_

Your Name: Hongwei An

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun.20<sup>ty</sup>,2022\_

Your Name: <u>Junlei Lu</u>

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun.20ty,2022\_

Your Name: Bingxin Wei

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun.20<sup>ty</sup>,2022\_

Your Name: Dongli Guo

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun.20<sup>ty</sup>,2022\_

Your Name: Qian Yang

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	X_None

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun.20<sup>ty</sup>,2022\_

Your Name: <u>Na Zheng</u>

Manuscript Title: The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK-  $\kappa$  B expression in rats

Manuscript number (if known):\_\_\_\_\_

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8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: Jun.20<sup>ty</sup>,2022\_ Your Name: <u>Ping Yi</u> Manuscript Title: <u>The neuroprotective effect of YaoYi-moxibustion on ischemic stroke by attenuating NK- κ B expression</u> <u>in rats</u> Manuscript number (if known):\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None.

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